2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2010
Secretary of State

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Entity Name: HARDEE COUNTY TITLE INSURANCE AGENCY, LLC

Current Principal Place of Business:

111 E MAIN STREET
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

111 E MAIN STREET
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 26-3444502 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASHLEY FINANCIAL SERVICES, PA, CPA
2856 CARRIE LANE
LAKELAND, FL 338123158 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MARTIN M WOHL, INC
Address: 3200 US 27 SOUTH, SUITE 201
City-St-Zip: SEBRING, FL 33870

Title: MGRM
Name: JJW, INC
Address: 3200 US 27 SOUTH, SUITE 201
City-St-Zip: SEBRING, FL 33870

Title: MGRM
Name: JULIE S WATSON, INC
Address: 6385 STILL COURT
City-St-Zip: ZOLFO SPRINGS, FL 33890

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: JULIE S. WATSON MGRM 02/12/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date